

IOWA DEPARTMENT OF NATURAL RESOURCES

EDUCATIONAL PROJECT PERMIT APPLICATION

Customer Service Bureau – Licensing Section Wallace State Office Building 502 East 9th Street Des Moines, Jowa 50319-0034

	Des Moines, Iowa 50319-0034					
New A	pplicant					
	Renewal Applicant (Annual report & narrative must be enclosed.) Last Year's License Number:					
or the applica on the project	tion will be returned. The narrativ	ve must in s or anim	permit is being applied <i>must</i> be attached nclude the names of all persons working als to be included, period of the project, ndertaken.			
	License or permit fees:		\$5 for one year			
	Please check the applicable box.		\$10 for two years			
			\$15 for three years			
Organization:						
Address:			County:			
City/State/Zip	;		Phone:			
<u>APPLICANT</u>	<u>INFORMATION</u>		For Office Use			
Name:						
A d duoss.						
Address:						
	:					
City/State/Zip						
City/State/Zip County:	:					

Please PRINT the name and date of birth for all persons assisting with the collection:		Verification By Official Institution (Director, President, etc.)
(Add additional sheet if necessary.)		
This application requires the approval and sig	nature of you	ır local DNR Law Enforcement Officer.
		Facilities Adequate
		Applicant Understands Regulations
Officer's Signature		Narrative & Report Attached
Officer's Signature		APPLICATION APPROVED
		APPLICATION DENIED
Endangered Species Coordinator		Bureau Chief
Threatened o	r Endangere	d Species
Work with threatened or endangered species authorization of the Director of the Department o		
All persons engaged in collecting under the apphotocopy of the permit and display it upon requanyone <u>not</u> listed on the scientific collecting licen	est of any DN	IR employee. Collecting for this project by
	Direc	etor's Signature or Designee
		Date



IOWA DEPARTMENT OF NATURAL RESOURCES WALLACE STATE OFFICE BUILDING 502 EAST 9TH STREET DES MOINES, IOWA 50319-0034

EDUCATIONAL PROJECT PERMIT REPORT

LICENSE YEAR 19____

NAME:_____

ADDRESS:			
CITY, STATE, ZIP:			
COUNTY:	LICENSE NO		
SPECIES	DATE OBTAINED	DISPOSITION/DATE	